

AMENDED IN ASSEMBLY APRIL 6, 2006

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2280**

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**Introduced by Assembly Member Leno**

February 22, 2006

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An act to add Section 120846 to the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2280, as amended, Leno. HIV counseling.

Existing law provides for various programs relating to treatment of persons with human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS).

This bill would require the State Department of Health Services, no later than July 1, 2007, to develop a counseling model for all persons who receive HIV testing at a ~~publicly funded clinic, containing clinic that receives state funding for HIV testing.~~ *The bill would require that the department consider including specified components, including relating to, among other things, risk assessment, data collection, and prevention education, and additional counseling.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. (a) The Legislature finds and declares all of the
- 2 following:
- 3 (1) Best practice models of human immunodeficiency virus
- 4 (HIV) counseling that grew out of early HIV testing have not

1 kept pace with the changes in the human immunodeficiency virus  
2 (HIV)/acquired immune deficiency syndrome (AIDS) epidemic.

3 (2) The availability of rapid HIV testing, in which a person  
4 can get a preliminary reading of their HIV status in about 20  
5 minutes, has ~~illuminated weaknesses in~~ *created opportunities to*  
6 *streamline* the current counseling model.

7 (3) The availability of treatment has turned HIV from a virtual  
8 death sentence to a managed chronic medical condition.

9 (4) Counseling of persons getting an HIV test has been  
10 focused on educating people about HIV prevention techniques,  
11 collecting epidemiological data, and referring people with a  
12 positive test result to treatment *and partner notification*  
13 *counseling*.

14 (5) ~~An increasing~~ A number of test subjects are persons at low  
15 risk for exposure to HIV, and ~~serial testers are typically those~~  
16 ~~persons repeat testers~~ who are tested on a regular basis.

17 (6) The current counseling model employs the same ~~tactics~~  
18 *process* regardless of whether the test subject is at low or high  
19 risk of exposure and whether the test subject is a first-time tester  
20 or is a ~~serial~~ *repeat* tester.

21 (7) While any person who seeks an HIV test should be able to  
22 get one, the limited resources available for testing demand that  
23 confidential and anonymous testing clinics ~~be flexible in terms of~~  
24 ~~how counseling is delivered~~ *have a range of options for*  
25 *delivering counseling*.

26 (b) It is the intent of the Legislature that a new HIV counseling  
27 model be developed that allows clinics to increase the number of  
28 persons seeking a HIV test to be able to be tested, and  
29 appropriately reimburses clinics for the services provided to  
30 those persons.

31 SEC. 2. Section 120846 is added to the Health and Safety  
32 Code, to read:

33 120846. (a) The department shall, no later than July 1, 2007,  
34 develop a counseling model for all persons who receive HIV  
35 ~~testing at a publicly funded clinic. The model shall include all of~~  
36 ~~the following components: testing at a clinic that receives state~~  
37 *funding for HIV testing. The department shall consider including*  
38 *each of the following components in the counseling model:*

39 (1) A brief risk-assessment mechanism developed by the  
40 department that allows a clinic to ascertain whether a person

1 seeking testing is at low or high risk of exposure to HIV. ~~This~~  
2 ~~mechanism~~ *The department may recommend when and how a*  
3 *clinic should use this mechanism, but it shall not be used to deny*  
4 testing to a subject who requests it.

5 (2) A data collection form that ~~shall~~ *may* be self-administered  
6 by the test subject, and that includes only questions that must be  
7 reported in accordance with existing state and federal  
8 epidemiology report requirements. *Consideration shall be given*  
9 *to reducing the length of the form and its utility, including*  
10 *whether state or local resources exist to analyze the data*  
11 *collected.* Additional questions may be added only if new state or  
12 federal epidemiology reports are required. ~~The form may~~ *Local*  
13 *health agencies may add questions only with the approval of the*  
14 *department. While the form may be self-administered, it also may*  
15 be completed with the assistance of a counselor at the request of  
16 the test subject.

17 (3) A prevention education module that comprehensively  
18 covers all pertinent information relative to methods by which a  
19 person can protect himself or herself or his or her sexual or  
20 ~~needle-sharing partners from exposure to HIV. The module may~~  
21 ~~be administered individually or in small groups.~~ *needle-sharing*  
22 *partners from exposure to HIV. Consideration may be given to*  
23 *allowing clinics alternative methods of providing the prevention*  
24 *education module, although no test subject shall be denied the*  
25 *opportunity to receive prevention education privately and*  
26 *individually.*

27 ~~(b) The model shall give flexibility to clinics to determine the~~  
28 ~~extent of counseling provided to a test subject based on a test~~  
29 ~~subject's risk factors or frequency of HIV testing, except that~~  
30 ~~every person shall be subject subdivision (a).~~

31 ~~(c) The model shall give flexibility to clinics to provide~~  
32 ~~counseling to couples or small groups, as appropriate.~~

33 ~~(d) The model shall require additional counseling for a test~~  
34 ~~subject whose preliminary test result is positive. This additional~~  
35 ~~counseling shall include, as needed by the test subject, emotional~~  
36 ~~support, information on confirmatory testing, referral to care and~~  
37 ~~treating opportunities, and a review of methods to prevent~~  
38 ~~exposing others to HIV.~~

1     (4) *Flexibility for clinics to determine the extent of counseling*  
2     *provided to a test subject based on a test subject's risk factors or*  
3     *frequency of HIV testing.*

4     (5) *Flexibility for clinics to provide counseling to couples or*  
5     *small groups, as appropriate.*

6     (6) *Additional counseling for a test subject whose preliminary*  
7     *test result is positive. This additional counseling may include, as*  
8     *needed by the test subject, emotional support, information on*  
9     *confirmatory testing, referral to care and treatment*  
10    *opportunities, and a review of methods to prevent exposing*  
11    *others to HIV.*

12    ~~(e)~~

13    (b) The department shall develop a reimbursement schedule  
14    that accurately reflects the range of services provided under this  
15    model. It is the intent of the Legislature that this new model and  
16    reimbursement schedule be cost-neutral, except to the extent that  
17    there is an increase in the volume of test subjects.